



ORISE RESEARCH PARTICIPATION PROGRAMS

Selection and Approval Form – Page 1

Use this form to appoint a participant to an ORISE NIH program.

Participant's Name:

Participant's E-mail Address:

NIH Sponsor:

Sponsor's Title:

Office/Division/Lab:

Office/Division/Lab Administrative Officer:

Phone Number:

E-mail Address:

Appointment Details*

Period of Appointment:

Beginning Date

Ending Date

Fellow is expected to participate: ☐ Full Time ☐ Part Time ☐ Intermittently

Field of Research:

Physical Location of Research:

Research Topic/Project(s):

* Actual start date may change based on completion of funding and visa status requirements.

The Sponsor authorizes the following direct payments/reimbursements:

Check what applies for this candidate and enter authorized amounts where required.

☐ Stipend: \$ per month OR \$ per year

☐ Health Benefits Allowance: ☐ Single (\$ 5,602 per year) ☐ Family (\$13,404 per year)

☐ Health Benefits Allowance/Other Amount or %: _____

☐ Housing Allowance: \$ per month

☐ One-Time Dislocation Allowance: \$ (provide maximum/cap, if applicable)

☐ Travel: \$

☐ Training: \$

☐ Other: \$ for (description)

TOTAL AUTHORIZED DIRECT PAYMENTS: \$



ORISE Research Participation Programs

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This approval reflects the maximum allowable amount ORISE is authorized to pay or reimburse the participant. Authorization for additional activities may be provided by the sponsor at any time. Additional funding may be sent when necessary. For travel or training, actual reimbursements will be based on receipts submitted by the participant to ORISE for expenses.

All appointments are contingent upon continued availability of funds. In the event that funding is depleted before the end of the authorized appointment period, additional funding may be sent to complete the appointment. Alternatively, you may choose to terminate or renew the appointment early.

The ORISE NIH project manager will provide you with an estimate based on your selections upon submission of this form (if an estimate is required). Appointments requiring new funding will be initiated after funding is approved.

Authorizing Signatures:

NIH Sponsor

Date

Office/Division/Lab Administrative Officer

Date

Administrative Officer

Date

Fax, e-mail, or mail this form to: Oak Ridge Institute for Science and Education
NIH Research Participation Programs
ATTN: Norma Faulkner, MS-36
P.O. Box 117
Oak Ridge, Tennessee 37831-0117
Phone: 865.574.8431
Fax: 865.574.7766
E-Mail: [nihprograms@ornl.gov](mailto:.nihprograms@ornl.gov)